



COMMISSION ON AGING

March 4, 2011

Fiscal Year 2012 Testimony

My name is Elaine Binder, Chair of the Commission on Aging (COA), and I appreciate the opportunity to speak on behalf of the nearly 120,000 seniors residing in Montgomery County.

The Commission is gratified that **preserving safety net services is one of the three priorities of the County Executive**, and, therefore, we support those aspects of his budget that **maintain the core services** that we believe are **essential for frail, vulnerable seniors**. These include nutrition programs, respite care, transportation to senior centers, and long-term care ombudsman services.

We recognize fully the challenges faced in creating a budget with reduced financial resources. However, we have **grave concerns about the proposed reduction of \$100,000 in providing Home Care Services**.

The In Home-Aide Program provides personal care assistance to seniors and eligible adults with disabilities who are unable to manage independently due to physical and/or mental impairments. In-Home Aide Services prevent abuse, neglect, and exploitation of vulnerable adults and enhance overall quality of life by providing personal care, chores assistance, therapeutic support, self-care education, and escorted transportation.

As a result of the proposed budget reduction, this program therefore will **serve eight fewer seniors** in the coming year – adding eight more people to the 109 seniors who could not be served in the past two years. This represents a 30 percent decrease in the number of individuals able to be served by In-Home Services (473 in FY09 down to a projection of 364 in FY12). The cascading effect of this will be to add more seniors to the already significant and growing waiting list. Ultimately these seniors will either be institutionalized, at a greater cost to the community, or will die without proper care!

We have seen an increase in need as demonstrated by increases in applications for service and in the numbers on the HHS waiting lists. The growing need and demand for services is illustrated by the Respite Care Program. While this program has not been reduced, the projection is for a 300 percent increase in unmet requests for service (from 428 to 1,500).

Furthermore, how can we justify the increasing number of our most vulnerable people (from 789 in July 2007 to 1632 today!) who are on a waiting list just to be evaluated for both County and Medicaid funded services, services which already have long waiting lists?

- Among those waiting for in-home service is an 89 year-old woman with many illnesses including congestive heart failure, who lives with a niece and requires aide services six hours a week to help with personal hygiene, dressing and preparing breakfast on days when her niece works.
- Waiting to be evaluated for help to maintain their independent living status is a couple, both of whom are in frail health and on a limited income. If and when they are evaluated, will they then be placed on a waiting list for services?

There is a high cost to not providing necessary services for these and the more than 1,000 others on waiting lists – the cost of increased Emergency Room use and hospital and nursing home admissions, as well as financial and emotional costs to caregivers.

The members of the Commission on Aging know that budgets are related to specific programs. However, we believe it is critical to focus attention on the **interconnected nature of programs** and the **total impact of cuts in individual programs on the lives of a single older adult**.

There are two additional areas that the COA wishes to address. We are pleased that neither of them is targeted for reductions in the County Executive's budget, but we want to call your attention to their importance to older adults:

- **Senior Center programs** based in the Recreation Department; and
- **Ride-on fares** in the Transportation Department.

Isolated older adults are more vulnerable to physical and mental deterioration, which limits their ability to age well in our community. Reducing transportation of an able senior to a Senior Center where she/he can engage in both physically and mentally stimulating programs and enjoy a healthy congregate meal leads to a socially isolating life, where even transportation for grocery shopping may not be available. Another example of the potential for social isolation is the combination of reducing public transportation, eliminating access to volunteer programs, and closing or reducing library hours for the more vital senior.

The Commission on Aging believes in the cost effectiveness of programs that prevent such decline in the quality of life for seniors. Enabling older adults to live safely and healthily in their homes for as long as possible reduces the need for expensive treatment and care.

Although we are in the midst of a difficult economic situation, we must not lose sight of the long-term impact of shortsighted budget cutting. We must maintain core programs and the knowledge base of vital staff so that we can more easily rebuild once more resources are available.

In short, we urge you to **"Do No Harm!"**